

SPECIAL PERMISSION APPLICATION
2024-2025 SCHOOL YEAR
DUE BY MAY 15th

STUDENT NAME	STUDENT'S DATE OF BIRTH	GRADE IN 2024 - 2025	NAME OF SCHOOL REQUESTED	NAME OF SCHOOL IN YOUR DISTRICT

Date of application*: _____

***If application is submitted after May 15th, indicate reason for late submission:** _____

Parent/Legal Guardian with whom the child resides:

Name(s): _____

Email: _____

Address: _____

Phone: _____

House # and Street Name Apt. #

School student currently or most recently attended:

City State Zip Code

REMINDERS TO PARENT/LEGAL GUARDIAN:

1. A request may be denied if the student has poor attendance, failing grades, or disruptive behaviors, even if it meets criteria.
2. Schools and/or grade levels may be "closed" when the projected enrollment exceeds preferred local rated capacity, as determined by the Associate Superintendent of Schools. Requests for admission to a school/grade level considered "closed" will be subject to additional scrutiny and may be denied even if a valid approval circumstance is deemed to exist.
3. In order for an application to be considered after May 15, the parent/legal guardian must be able to document that the family's situation has changed or other extenuating circumstances necessitating the application to be submitted after May 15 exist.
4. The principal will render a decision by June 15 and will send a copy of the application to the parent/legal guardian. Written notification of an application under further consideration will be sent from the Student Services Department to the applicant on or before June 30.
5. If the request is granted:
 - Parent must contact the requested school for enrollment if their student is not enrolled.
 - Transportation to and from the assigned school will be the responsibility of the parent/legal guardian.
 - The student must maintain 90+% attendance, passing grades, and appropriate behavior.
 - It is for one school year only. A new special permission application must be completed and submitted annually.

INDICATE THE REASON FOR THE REQUEST:

- Childcare - Parent(s) are employed and the student, under the age of 13, stays with a sitter who resides in the school attendance area of the school where special permission is being requested. **Complete** information on the back of this form.
- Our student will be entering grade 11 or 12 of a high school or grade 8 of a middle school or grade 4 or 5 of an elementary school where he/she is currently enrolled and attending. (Check here if student will be attending Boyd J. Michael, III Technical High School.)
- A specific academic program/course is not available in the home school. **List** the program/course: _____
(Note: Magnet program does not require special permission.)
- We moved during the 2024-2025 school year within Washington County and would like our child to complete the school year at their current school.
- We plan to move into the school attendance area within 90 days of this request. **Attach** a lease or ownership contract that shows a completion or "move in" date.
- School boundaries have changed and our student is in the last year at a particular middle school, or in the last two years at a particular elementary or high school.
- Unique set of circumstances. **Attach** a description and supporting documentation.
- I am employed by WCPS, I am a resident of Washington County, MD, my employment location is outside of the attendance zone where my child resides and I would like my child to attend the school feeder where I work.
- My child has a sibling who is enrolled in a magnet program at the requested school.

 Signature of Parent/Legal Guardian

I've attached a proof of residency dated within 90 days of this application.

Parent - Return this application to the principal of the requested school.

Parent/Legal Guardian is required to complete the information below for a Childcare request

BEFORE AND AFTER SCHOOL CHILDCARE PROVIDER INFORMATION

Name of Childcare Provider: _____

Childcare Provider's Signature: _____

Childcare Provider's Address: _____

Childcare Provider's License No.: _____

or

Childcare Provider's Phone #: _____

Childcare Provider's Relationship: _____

Circle: Before School After School Overnight

Circle Day(s) care is provided: M T W T F

Mother or Court-Appointed Guardian

Father or Court-Appointed Guardian

Place of Employment

Place of Employment

Employer's Name _____ Phone _____

Employer's Name _____ Phone _____

Employer's Address _____

Employer's Address _____

WORK DAYS: (Circle) M T W T F

WORK DAYS: (Circle) M T W T F

Work Hours: _____ to _____

Work Hours: _____ to _____

OVERTIME: (Circle) No Yes

OVERTIME: (Circle) No Yes

If yes, indicate amount/frequency _____

If yes, indicate amount/frequency _____

PARENT – DO NOT WRITE BELOW THIS LINE

For Washington County Public Schools Use.

Application Reviewed by:

Pupil Personnel Worker _____ Date _____ Feedback: Meets Criteria **Does Not** Meet Criteria

Current school-year data:

of Excused: Absence(s) _____; Tardy _____ **# of Unexcused:** Absence(s) _____; Tardy _____

of Referrals _____; **# OSS** _____ **# of Classes:** Total _____; Passing _____ IEP: (Circle one) Yes No

Principal of Requested School Signature: _____ Date _____

- Approved (principal to send the parent & Student Services a copy of this application/administrative assistant to update special permission status in the student information system). **Parent must contact the requested school for enrollment if their student is not enrolled.**
- Further consideration by Student Services (principal to send the parent a copy of this application/principal to send Student Services a copy of this application and attach supporting documentation and a detailed reason for the request for further consideration)

Student Services Decision: Approved Denied – Reason: _____

Student Services Department Signature: _____ Date: _____